

Anxiety, Emotional Regulation, and Perceived Safety Following Indirect Exposure to Sexual Violence Among Cisgendered Women in India

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Abstract

The modern times have seen a rise in the reporting of cases related to sexual violence. This has led to a growing concern among women, including those who have not experienced direct victimization. While extensive research targets the impact of direct victimization, limited research has explored the impact of indirect exposure through media, discussions, and social discourse. This research, with a sample of 174 cisgender women in India aims to understand the same, particularly in relation to anxiety, emotional regulation, and perceived safety among women aged 18 to 40 years old. With the foundation in the Social Learning Theory, Cultivation Theory, and the Fear of Crime Framework, this research has a cross-sectional and correlational design. The findings indicate an increase in the means of difficulties in emotional regulation and perceived safety with increasing levels of anxiety. A positive correlation ($r = .709$) was found between anxiety and difficulties in emotional regulation, which means that if one increases, the other one will also increase; along with a negative correlation ($r = -.171$) between anxiety and perceived safety, which means that if anxiety increases, the perception of safety decreases. Further, a significant relationship was observed between different levels of anxiety severity and emotional regulation, suggesting greater emotional dysregulation at higher anxiety levels. However, perceived safety did not significantly differ across anxiety levels, highlighting that every woman, regardless of their anxiety level in the sample, felt unsafe. These findings highlight how gendered

fear and cultural silence surrounding sexual violence along with continuous media exposure, community discussions, and hearing such cases collectively shape a woman's emotional and cognitive processing of safety and threat.

Keywords: Sexual Violence, Indirect Exposure, Anxiety, Emotional Regulation, and Perceived Safety

Introduction

Sexual violence, rape cases, eve teasing, abuse, and endless violent activities target women and their health. There are numerous rape cases being reported and silenced each day, 31,677 rape cases were reported in India in 2021, as per the Home Minister. Every new case shakes every woman to the core and this repeated exposure to such news, media, narratives, and conversations alters their sense of safety. And yet this is rarely spoken about, when every woman wakes up to a new case each day and hear about the brutal reality of where the world is heading towards. With such cases rising each day and the gendered fear increasing with cultural silence around such issues, it is of the utmost need to address how indirect exposure to sexual violence affects women and their emotional regulation capacity, making them anxious, and they end up questioning their perceived safety.

Sexual Violence and Psychological Impact

Sexual Violence has been defined in different ways by various organizations like the WHO (2024) and UN Women (2025). But every definition meets a few common features to describe its nature, which explains it as any harmful or unwanted sexual behaviour forced upon someone, irrespective of their connection to the victim, and in any context. Using it is as a way to show their power and control, rather than for sex.

Sexual violence is not one specific act, but rather covers numerous acts of violence, in physical or psychological form, which is carried through sexual means or by targeting sexuality. It comprises of sexual assault, abusive sexual action, coerced sexual acts, attempted or completed sexual acts with a woman without her consent, rape, corrective rape, sexual exploitation, sexual harassment, verbal abuse, exposure, unwanted physical contact, incest, sexual

violence in conflict, sextortion, trafficking, non-consensual distribution of intimate images, forced marriage and female genital mutilation.

Women exposed to sexual violence or intimate partner sexual violence (White et al., 2023) are vulnerable to Post-Traumatic Stress Disorder (PTSD), depression, anxiety, stress, suicide ideation, and attempt. PTSD is followed by intrusive memories, avoidance, and hyperarousal (Dworkin, 2018; Serrano-Rodríguez et al., 2024). Survivors also report fear, shame, guilt, emotional instability, social withdrawal, and a damaged sense of safety and self. Sexual violence in childhood or adolescence might result in adult depression, poor mental health, and eventually poor physical health years later (Khadr et al., 2018; Woldie et al., 2025).

The psycho-social functioning of a woman is further affected due to re-victimization, her relationships, trust, education or work, sexual, and reproductive health, with problems like exposure to sexually transmitted infections, unwanted pregnancy, abortion, and HIV, especially in cases of rape (Abreha et al., 2025). Survivors may experience injuries, social isolation,

relationship difficulties, substance abuse, alcohol dependence, sleep disorders (Serrano-Rodríguez et al., 2024) and reduced daily functioning. Sexual problems like avoidance of sex, low desire, arousal difficulties, sexual anxiety, or fear are very common. Reproductive coercion and partner sexual violence also decrease sexual agency and self-concept (Sheeran et al., 2024; Stein et al., 2025).

Impact on Women due to Indirect Exposure to Sexual Violence

Several studies have shown that just the threat or indirect exposure (hearing, seeing, or working with the survivors) to sexual violence is psychologically damaging. The perceived threat leads to chronic fear, stress, anxiety, hypervigilance, avoidance of places, and major routine changes to stay safe, reflecting a reduced perceived safety in daily life. This restricts a woman's movement, social life, and job opportunities, which further reinforces a persistent sense of unsafety (Waseem et al., 2025). Campbell & Wasco (2004) and Long (2019) state that significant others of the survivors, like the family and friends, medical professionals, nurses helping the survivors, advocates, and

counsellors, are at a much higher vulnerability risk to burnout, emotional, mental, and physical exhaustion due to constantly working with the survivors. While some can grow to be more sensitive, some can question their own safety and turn helpless.

Padmanabhanunni and Gqomfa (2022) studied the “experiences of female psychologists who offered psychological treatment to women who survived sexual assault. They individuals expressed higher levels of personal vulnerability to sexual assault, hypervigilance, broken trust, and challenges with sexual intimacy, which led to more mistrust in men. Some practitioners felt survivor's guilt from being unharmed, but some blamed themselves for not being able to help. The symptoms of intrusive re-experiencing of client trauma and cognitive and behavioural disengagement were evident. Long-term and repeated exposure to patients' traumatic lived experiences disturbs clinicians' cognitive schemas, and they start to believe that the world is unsafe and the self is not worthy or protected”.

Researchers have put forward that indirect witnessing of the event can influence

the relation between sexual violence exposure and manifesting symptoms which are similar to PTSD. Individuals exposed to such information through media or social discourse exhibit one or more characteristics of secondary traumatic stress by experiencing another's trauma. In a study, a quarter of participants from 128 reported being greatly affected by the media's portrayal of the events. Moreover, the degree of stress that was disclosed was associated with the frequency of their watching of the event, which means the danger of seeing this kind of violence on social media should be handled with care (Comstock & Platania, 2017).

Feelings of danger, insecurity, fear, acute stress, personality changes, depression, avoidance, hyperarousal, emotional numbing, dysregulation, and other symptoms similar to PTSD, such as intrusive thoughts and visuals of the survivor's violent experiences can follow you as long as you observe, hear, discuss, and you are exposed to the sexually violent narratives (Bandura, 1971; Gazit & Eden, 2025; Abdalla et al., 2021; Branson, 2018).

Relationship of Anxiety with Emotional Regulation and Perceived Safety

Anxiety is future-oriented in nature and is related to fear. Anxiety comes with apprehension, heightened arousal, and anticipation of threat (Griffin, 1990; Chand & Marwaha, 2023). Anxiety emerges not only among direct survivors but also among women exposed indirectly through media and community conversations. This anticipatory anxiety manifests through hypervigilance, fear of public spaces, perceived lack of control, and emotional distress, even in the absence of direct victimisation (Waseem et al., 2025). In the Indian socio-cultural context, gendered fear and cultural silence surrounding sexual violence is dominant, and this is a place where anxiety lives in, reinforced, and normalised. This further decreases a woman's sense of safety and autonomy (Phadke, 2007; Parikh, 2018).

Emotional regulation involves processes through which individuals manage their emotions, influence which emotions they have, when they occur and how they are experienced or expressed (Gross, 2014). Prolonged exposure to threat, regardless of it being direct or indirect, can overwhelm regulatory capacities, leading to emotional dysregulation like hypervigilance, emotional

exhaustion, irritability, numbing, or difficulty returning to emotional baseline (Herman, 1992; De Jesús Gómez & Cornu-Labat, 2024). Cognitive Processing Theory suggests that sustained threat impairs emotional and cognitive integration, resulting in maladaptive processing of fear-related information and persistent distress (Resick & Schnicke, 1992). Repeated exposure to sexual violence narratives through media, thus, might sustain anxiety and decrease perceived safety, further leading to emotional regulation difficulties, and creating a cycle (Nieder et al., 2019; Waseem et al., 2025).

Perceived safety is subjective and is understood as security and comes with the expectation that this sense of safety will remain stable over time (Eller & Frey, 2019). But for women, perceived safety has always been a multidimensional construct. It is shaped by direct experiences of victimisation and by ongoing anticipation of sexual violence reinforced through media narratives, social discourse, and cultural norms (Phadke, 2007; Waseem et al., 2025).

Research suggests that perceived insecurity, whether it stems from actual risk or perceived threat, can significantly

influence emotional well-being, daily functioning, and behavioural choices, like avoiding public transport, often imposing a stronger psychological impact than direct exposure to crime itself (Farrall et al., 1997; Dubey et al., 2024; Gardner et al., 2017). Persistent fear and perceived vulnerability lead to heightened anxiety, restriction of movement, and social withdrawal, particularly in urban contexts (Natarajan, 2016; Nieder et al., 2019).

This suggests that anxiety, perceived safety, and emotional regulation are intricately interconnected. Increasing levels of anxiety, with time due to narratives, media, and social discourse, are associated with reduced perceived safety and increased emotional regulation difficulties, and decreasing perceptions of safety further intensify anticipatory fear and emotional distress in women.

Cultured Silence and Gendered Fear in Women

A cisgender woman is someone whose sex has been assigned as female at birth and whose gender identity corresponds with the same sex. Cultured silence and gendered fear normalize sexual violence and

frame it as a source of shame and suppress its disclosure to seek justice, placing a woman in a state of chronic stress and compromising their well-being, and it is further reinforced at the familial and societal level. This makes any woman anticipate harm and become fearful. Prolonged suppression of trauma leads to negative mental health impact like flashbacks, nightmares, depression, and anxiety. Mangat & Gill (2024) highlight how Brahmanical patriarchy sustains this silence through shame and secrecy, particularly affecting Dalit women across individual, family, and community. All of this together leads to heightened anxiety, reduced perceptions of safety, emotional dysregulation, and seeing the world or men as dangerous. These psychological patterns affect both direct survivors and women exposed indirectly through media, discussion, or awareness of such incidents. Additionally, several times survivors are doubted, judged through rape myths, or denied recognition as 'legitimate victims', which further adds to withdrawal from support seeking and self-blame.

Bandura (1971) explains through Observational Learning how observers

develop fear, silence, threat anticipation, even without direct victimization. This is prevalent in the Indian socio-cultural context, where women are conditioned from childhood to tolerate injustice and remain silent. Growing up, these shape their autonomy, safety, and freedom (Waseem et al., 2025). Women also have heightened fear of crime compared to men, which results in further precautionary behaviours, especially among those with fewer resources, older ages, marginalized identities, or lower socio-economic status with psycho-social factors such as perceived vulnerability, lack of neighbourhood attachment, and anticipated risk of sexual violence further adding onto the fear and anxiety among women (Riger & Gordon, 1981).

Theoretical Frameworks: Observational Learning, Cultivation Theory, Fear of Crime Framework

Repeated indirect exposure to media-reported sexual violence influences the psychological functioning of women in several ways. These psychological responses are not limited to direct survivors. Still, they may also emerge among individuals or observers who are exposed to such narratives

through media or social discourse for an extended period. Several theoretical frameworks provide the foundation for the same.

Observational Learning (Bandura, 1971) suggests that repeated engagement with violence-related content can shape emotional and cognitive responses even in the absence of direct victimization. Cultivation Theory further builds upon this and explains how prolonged exposure to dominant media frames like sensationalized reporting of sexual violence can distort perceptions of reality, leading individuals to view the world as unsafe and threatening (Gerbner & Gross, 1976; Custers & Van den Bulck, 2012). This process contributes to heightened anxiety, emotional dysregulation, and altered perceptions of safety, often described as the “mean world syndrome” (Shah et al., 2020).

These effects are amplified within the Indian socio-cultural context, where gendered fear and cultural silence surrounding sexual violence shape a woman’s lived experiences. The Fear of Crime Framework iterates that fear is socially constructed and sustained through repeated

exposure to crime narratives, resulting in emotional responses such as anxiety, vulnerability, and perceived threat to safety and individuality. This may sometimes even exceed actual victimization risk (Etopio & Berthelot, 2022). Together, these frameworks provide a basis for examining how indirect exposure to sexual violence relates to anxiety severity, emotional regulation difficulties, and perceived safety among women.

Research Gap

Existing research has widely covered the psychological impact of sexual violence and direct victimization, with its trauma-based and other clinical outcomes. But research exploring the effects of indirect exposure to sexual violence, such as through social media, news, and interpersonal discussions, remains relatively less explored. Further, anxiety has been widely studied in relation to emotional regulation and perceived safety, but limited research has examined these three constructs together, especially on the severity levels of anxiety. Additionally, the Indian socio-cultural context has limited research for these constructs acting together, since it's common to find gendered fear, media narratives being

sensationalized, and cultural silence shaping psychological responses. Thus, there was a need for research that integrates anxiety, emotional regulation difficulties, and perceived safety to better understand the psychological impact of indirect exposure to sexual violence.

Research Problem

The Indian socio-cultural context normalizes gendered fear and cultural silence. The media frames, social discourse, and interpersonal discussions further intensify the fear and silence amongst sexual violence survivors. This research goes beyond direct victimization and explains how indirect exposure influences a woman's sense of safety and lead to anxiety and emotional regulation difficulties when she hears or is made aware about the same.

Research Objectives

- To understand the relationship between anxiety, emotional regulation difficulties, and perceived safety for cisgender women in India.
- To compare perceived safety across different severity levels of anxiety.

- To compare emotional regulation difficulties across different severity levels of anxiety.
- To assess whether increasing severity of anxiety is associated with greater emotional regulation difficulties and reduced perceived safety.

Hypotheses

H1: Anxiety will be significantly and positively correlated with difficulties in emotional regulation.

H2: Anxiety will be significantly and negatively correlated with perceived safety.

H3: There will be no significant difference in perceived safety across different severity levels of anxiety.

H4: There will be a significant difference in emotional regulation difficulties across different severity levels of anxiety.

Methodology

Research Design

It is a quantitative, cross-sectional, and correlational research design. The purpose was to examine the relationships between anxiety severity, emotional regulation difficulties, and perceived safety

in the context of indirect exposure to sexual violence. In addition to correlational analysis, group comparisons (one-way ANOVA) were conducted to examine differences in emotional regulation and perceived safety across four anxiety severity levels (minimal, mild, moderate, and severe).

Sample

Responses from 174 cisgender women were collected through purposive-convenience and snowball sampling. Inclusion criteria included ciswomen aged 18 to 40 years all over India who can provide consent. Exclusion criteria included excluding transwomen and non-binary women, direct survivors of sexual violence or women under any psychiatric treatment.

Tools

Generalized Anxiety Disorder Scale (GAD-7)

Developed by Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and Bernd Löwe, in 2006. Seven items measure the severity of generalized anxiety and have an internal consistency of $\alpha = 0.92$. They are scored on a 4-point Likert scale from 0 (not

at all), 1 (several days), 2 (more than half the days), and 3 (nearly every day).

Difficulties in Emotion Regulation Scale (DERS-16)

Developed by Johan Bjureberg, Brjánn Ljótsson, Matthew T. Tull, Erik Hedman, Hanna Sahlin, Lars-Gunnar Lundh, Jonas Bjärehed, David DiLillo, Terri Messman-Moore, Clara Hellner Gumpert, and Kim L. Gratz, in 2004. It measures difficulties in emotional regulation, where higher scores indicate greater dysregulation and difficulties. This version comprises of sixteen items, a 5-point Likert scale from 1 (almost never) to 5 (almost always). It has a good internal consistency of 0.92.

Perceived Safety Scale (P-SAFE)

Developed by Stylianos Syropoulos, in 2018 consists of 25 items on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Overall, the complete scale's reliability is .968. It has the subscales for Fear of Crime, for Feeling Safe, for Neighbourhood Walkability, and for Safety Confidence.

Procedure

Participants were reached out on social media and academic networks, and the interested individuals were provided with the information regarding the purpose of the study, confidentiality guarantee. Informed consent was obtained on the form before participation.

Participants started with filling in their demographic information, followed by the standardized self-report measures assessing Anxiety (GAD-7), Difficulties in Emotional Regulation (DERS-16), and Perceived Safety (PSAFE). The questionnaires took approximately 15-20 minutes to complete. The final collected data was then screened for completeness, prior to statistical analysis using SPSS to ensure accuracy.

Data Analysis

The data was analysed using SPSS 26. Initial screening was conducted to avoid any missing values. Descriptive statistics like mean and standard deviation for anxiety severity, difficulties in emotional regulation, and perceived safety were found. Next, the means of emotional regulation difficulties and perceived safety were compared with the

four levels of anxiety severity (minimal, mild, moderate, and severe).

Furthermore, Pearson's product - moment correlation was used to examine the relationships among anxiety, difficulties in emotional regulation, and perceived safety. Additionally, one - way analysis of variance

(ANOVA) was run to examine differences in difficulties in emotional regulation and perceived safety across four anxiety severity levels (minimal, mild, moderate, and severe). Where the ANOVA resulted in significant results, Tukey's HSD post-hoc test helped in identifying the actual group differences. The level of significance was set at $p < .05$.

Results

Table 1

Compared Means of Anxiety Severity with Emotional Regulation Difficulties and Perceived Safety

Severity Level	Emotional Regulation Difficulties		Perceived Safety		N
	(Mean)	(Std. Deviation)	(Mean)	(Std. Deviation)	
Minimal Anxiety	24.4750	8.18688	99.1000	10.98437	40
Mild Anxiety	31.6250	8.49628	95.4625	11.83424	80
Moderate Anxiety	42.6176	12.33132	97.5294	13.33311	34
Severe Anxiety	52.3000	18.18935	91.8500	18.86036	20
Total	34.5057	13.78604	96.2874	12.99436	174

Note. This table demonstrates the compared mean and standard deviation values for emotional regulation difficulties and

perceived safety when checked for anxiety severity levels for 174 participants

Table 2

Correlation between Anxiety, Emotional Regulation Difficulties, and Perceived Safety (n = 174)

Variable	Pearson Correlation	Significance (2-tailed)
Anxiety and Emotional Regulation	.709**	.000
Anxiety and Perceived Safety	-.171*	0.24
Emotional Regulation and Perceived Safety	-.073	.335

Note. This table demonstrates the Pearson's correlation coefficients examining the relationship between anxiety, emotional regulation difficulties, and perceived safety.

** Correlation is significant at 0.01 level (2-tailed)

* Correlation is significant at 0.05 level (2-tailed)

A probability notes for p-value:

Table 3

One-way ANOVA between Anxiety Severity and Perceived Safety

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	817.124	3	272.375	1.631	.184
Within Groups	28394.508	170	167.027		
Total	29211.632	173			

Note. This table demonstrates how perceived safety is uniformly affected amongst all anxiety severity levels.

Table 4

One-way ANOVA between Anxiety Severity and Emotional Regulation

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	13258.540	3	4419.513	38.292	.000
Within Groups	19620.954	170	115.417		
Total	32879.494	173			

Note. This table explains how emotional regulation difficulties differ in different anxiety severity levels.

A probability notes for p-values

$p < 0.01$

Table 5

Tukey HSD Post Hoc Analysis between Anxiety Severity and Emotional Regulation

Anxiety Severity	N	Means for Groups			
		1	2	3	4
Minimal Anxiety	40	24.4750			
Mild Anxiety	80		31.6250		
Moderate Anxiety	34			42.6176	
Severe Anxiety	20				52.3000
Sig.		1.000	1.000	1.000	1.000

Note. This table explains how emotional regulation difficulties increase with increasing anxiety severity levels, through post-hoc analysis after ANOVA.

Discussion and Interpretation

The research aimed to understand the interrelationship between anxiety, emotional regulation difficulties, and perceived safety among cisgender women in India, aged 18 to 40 years old following indirect exposure to sexual violence.

Anxiety, Emotional Regulation, and Perceived Safety

Anxiety came to be strongly and positively correlated with emotional regulation difficulties ($r = .709$) as observed in Table 2 and this is consistent with Hypothesis 1, which stated that anxiety will be significantly and positively correlated with difficulties in emotional regulation. We know that heightened anxiety hampers emotional processing and reduces an individual's capacity to regulate affective responses effectively (Gross, 2014; Herman, 1992). As anxiety increases, individuals are more likely to experience hyperarousal, intrusive thoughts, and anticipatory fear, all of these effect adaptive emotional regulation. With repeated exposure to sexual violence narratives, such dysregulation might be sustained over time, which results in exhaustion and difficulty returning to emotional baseline (Herman, 1992; De Jesús

Gómez & Cornu-Labat, 2024). This strong magnitude indicates that anxiety shapes emotional functioning and affective responses.

Hypothesis 2 aimed to understand if anxiety will be significantly and negatively correlated with perceived safety. And we can see that table 2 proves that anxiety and perceived safety are negatively correlated ($r = -.171$), although the strength of this relationship is comparatively weaker. This suggests that increasing levels of anxiety bring along a reduced sense of perceived safety accompanied with threat perception and vulnerability, even in the absence of immediate danger (Farrall et al., 1997; Dubey et al., 2024). The weaker association can be understood considering the multifaceted nature of perceived safety, which is influenced by individual psychological states, environment, and socio-cultural factors. Specifically, in the Indian context, perceived safety is shaped by cultural silence surrounding sexual violence, gendered fear, norms, and structural realities of public space, which may operate independently of individual anxiety levels (Phadke, 2007). Thus, anxiety may contribute to decreasing

perceived safety but might not fully help us understand variations in safety perceptions across individuals.

Anxiety and No Significant Group Differences in Perceived Safety

Hypothesis 3 underlines that no significant difference in perceived safety would be found across various anxiety severity levels. And table 1 and 3 helps in establishing that. Table 2 showed a negative correlation between anxiety and perceived safety at an individual level, but the grouped comparison state that perceived safety is uniformly affected across all anxiety levels. Considering the socio-cultural environment of India where sexual violence narratives are prevalent and gendered fear is culturally reinforced and sustained, perception of safety might be threatened which affects women broadly, rather than varying with anxiety severity levels. This explains why participants with minimal or mild anxiety also reported diminished perceived safety. These findings align with research indicating that perceived risk and fear of crime are often higher than actual victimization risk and operate independently (Etopio & Berthelot, 2022; Dubey et al., 2024).

Anxiety and Group Differences in Emotional Regulation

Hypothesis 4 states that significant difference in emotional regulation difficulties will exist across different severity levels of anxiety, and we can see that in Table 5, through the post-hoc analysis after ANOVA, where there is a systematic and progressive increase in emotional regulation difficulties from minimal to severe anxiety groups. So, increasing levels of anxiety, also increase emotional regulation difficulties and these findings are consistent with research underlining that exposure to threat overwhelms emotional coping capacities, leading to maladaptive regulatory responses such as hypervigilance, emotional numbing, and heightened reactivity (Herman, 1992; Resick & Schnicke, 1992). This means, we should view anxiety as a construct rather than a binary variable that we assume affecting or not affecting perceived safety.

Considered together, these findings show the role of anxiety with emotional regulation and perceived safety. While increasing anxiety, increases emotional regulation difficulties; perceived safety is broadly affected across anxiety levels. This

suggests that anxiety can drive emotional dysregulation but perceived safety maybe more strongly influenced by social norms, gendered experiences, and community narratives. Cultivation Theory (Gerbner & Gross, 1976) states that exposure to dominant frames and particularly those highlighting threat and violence, shapes an individual's perceptions of reality over time, especially when this exposure is repeated and prolonged. The perceived safety being equally impacted at various anxiety levels can be justified through this theory, which over time, with prolonged exposure, cultivates the world as 'mean' for women. Eventually, also leading to indirect exposure to sexual violence impacting psychological reactions of women without direct victimization (Shah et al., 2020).

Limitations

The reliance on self-report measures can bring biases, like social desirability and subjective interpretation of items. The sample was limited to 18 to 40 years old women, which may affect the generalizability of findings to other age groups. At last, the extent and nature of

indirect exposure to sexual violence were not measured in detail, limiting a finer analysis.

Future Implications

Future research can explore longitudinal pathways to understand how sustained and prolonged indirect exposure to sexual violence influences anxiety patterns, difficulties in emotional regulation, and perceived safety over time. Transwomen and non-binary women can be included in the sample to increase the generalizability. A qualitative approach further will help in getting deeper insights into a woman's lived experiences of fear, safety, and emotional processing. Intervention-focused research centred upon understanding emotional regulation skills as protective factors against anxiety and distress can be proven beneficial. At the societal level, media framing and social discourse can be analysed and reshaped to reduce fear while ensuring awareness and accountability.

Conclusion

The research primarily examined the relationship between anxiety, emotional regulation difficulties, and perceived safety following indirect exposure to sexual

violence among cisgender women in India. The findings highlight anxiety as a central mechanism, with a strong positive correlation with emotional regulation difficulties and a negative correlation with perceived safety. While emotional regulation difficulties increased across anxiety severity levels, perceived safety did not significantly differ anxiety groups, suggesting that diminished safety perceptions result from socio-cultural and media influences. By integrating individual psychological reactions with socio-cultural contexts and indirect exposure to sexual violence, we can say how the exposure to sexual violence narratives, discussions, and media frames affects a woman, where gendered fear and cultural silence is prominent.

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